

**RETURN TO:** **NAME/ADDRESS:** (INDICATE ANY CHANGES)

**ST. JAMES PARISH ASSESSOR**  
**5800 LA 44**  
**P. O. BOX 55**  
**CONVENT, LA 70723**  
**(225) 562-2252**

**CONFIDENTIAL:** RS: 47:2327. Only the Assessor, the governing authority, and Louisiana Tax Commission shall use this form filled out by the taxpayer solely for the purpose of administering this statute. **Legal Citation & Instructions:** This report shall be filed with the Assessor of the parish indicated by April 1<sup>ST</sup> or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

**PROPERTY LOCATION:** **WARD:** **ASSESSMENT NUMBER:**  
(E911/PHYSICAL ADDRESS)

**PARISH:** **NAME OF BUSINESS:**

**CONTACT NAME:** **PHONE:**

*SHADED AREAS FOR ASSESSOR'S USE ONLY – PLEASE USE ATTACHMENTS IF NECESSARY*

**SECTION 1 – DESCRIPTION OF PIPLINES** (SUBMIT SEPARATE REPORT FOR EACH WARD)

SIZE (IN INCHES)	TYPE	AGE	LENGTH (IN FEET OR MILES)	COST NEW PER FOOT OR /MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE

**TOTAL ASSESSED VALUE:**

**SIGNATURE AND VERIFICATION**

"I declare under th penalites for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Section) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return."

**SIGNATURE OF TAX PAYER** **DATE**

**TYPED/PRINTED NAME OF TAXPAYER**

**SECTION 1 – DESCRIPTION OF PIPLINES – PLEASE USE ATTACHMENTS IF NECESSARY**

*(SUBMIT SEPARATE REPORT FOR EACH WARD)*

SIZE (IN INCHES)	TYPE	AGE	LENGTH (IN FEET OR MILES)	COST NEW PER FOOT OR /MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE

**TOTAL ASSESSED VALUE:**

**SECTION 2 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.**

*PLEASE USE ATTACHMENTS IF NECESSARY*

NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY RENTAL	PRESENT DAY SELLING PRICE	FAIR MARKET VALUE

**TOTAL MARKET VALUE:**

**ASSESSED VALUE:**

**NOTE:** PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330) **NEED ASSISTANCE?** AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU

**SIGNATURE AND VERIFICATION**

"I declare under the penalties for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Session) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return."

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SIGNATURE OF TAXPAYER	DATE	SIGNATURE OF PREPARER	DATE
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PRINTED/TYPED NAME OF TAXPAYER	PRINTED/TYPED NAME OF PREPARER
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